

BEST AVAILABLE C

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

09802354

FILING DATE

3-9-01

APPLICANT(S)

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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49		/				
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	58					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS